

REMARKS

Claims 44-60 are pending. Claims 44-60 are rejected. Claims 44-51 and 56-58 are canceled.

The applicant thanks the Examiner for indicating allowance of Claims 52-55 and 59-60 in the Detailed Action. The applicant notes that the Office Action Summary does not match the Detailed Action. Should the applicant's understanding of the indicated allowance of Claims 52-55 and 59-60 be in error, the applicant kindly asks the Examiner to clarify the action.

The applicant respectfully disagrees with the Examiner regarding the rejection of claims 44-51 and 56-58. However in the interest of proceeding to timely issuance of the allowable claims, the applicant cancels the rejected claims without prejudice and asks the Examiner to issue a Notice of Allowability and Fees Due. The applicant notes that a Notice of Allowability and Fees Due has not been issued, presumably owing to the apparent mismatch between the Office Action Summary and the Detailed Action, and asks the Examiner to please issue the action so the applicant may pay the issue fee timely. The applicant may elect to prosecute the rejected claims in a continuation application.

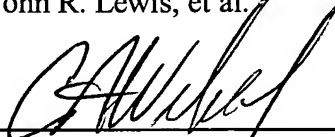
Applicant believes this amendment and remarks to be fully responsive to the Final Office Action dated June 5, 2006. It is respectfully submitted that the claims are now in condition for issuance. Applicant respectfully requests the Examiner to grant issuance with claims as now amended. The Examiner is invited to call Mr. Chris Wiklof at (425) 882-6641 with any issues that may advance prosecution of the application on the merits. Applicant submits that no new matter is being submitted.

Application No. 10/601,921
Amendment Dated August 18, 2006
Reply to Final Office Action Dated June 5, 2006

The Commissioner is authorized to charge any fees due by way of this
Amendment, or credit any overpayment, to our Deposit Account No. 50-0284.

Respectfully submitted,

John R. Lewis, et al.



Christopher A. Wilkof
Registration No. 43,990

CAW:kje

Enclosures:

Postcard

Transmittal Form PTO/SB/21

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